

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10799717</u>	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1		1				51						
2	1		1				52						
3	1		1				53						
4	1		1				54						
5		4		4			55						
6		4		4			56						
7	1		1				57						
8	1		1				58						
9	1		1				59						
10	1		1				60						
11		3		3			61						
12		2		2			62						
13		4		4			63						
14		4		4			64						
15	1		1				65						
16	1		1				66						
17	1		1				67						
18	1		1				68						
19		4		4			69						
20	1		1				70						
21	1		1				71						
22	1		1				72						
23	1		1				73						
24	1		1				74						
25		5		5			75						
26		2		2			76						
27		5		5			77						
28		5		5			78						
29		5		5			79						
30			1				80						
31				1			81						
32				1			82						
33				1			83						
34				1			84						
35			1				85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			19				TOTAL IND.						
TOTAL DEP.			51				TOTAL DEP.						
TOTAL CLAIMS			70				TOTAL CLAIMS						